(Department, E. Voucher prepared at	e's Account No	(State)	DPS COPY	UNIT F	PAID PRICE Per	AMOUNT Doilars 694.
HE UNITED STATES, Dr., Payer (Address) No. and Date of Order No. and Date of Order Partial Partial	(Give place and date) e's Account No Payee) (City) RTICLES OR SERVICES	(State)				Doilars
No. and Date of Order Content C	Payee) (City) RTICLES OR SERVICES	(State)				Doilars
No. and Date of Order Date of Delivery or Service	Payee) (City) RTICLES OR SERVICES	(State)				Doilars
No. and Date of Order Date of Delivery or Service Cost	(City) RTICLES OR SERVICES	(State)				Doilars
No. and Date of Order Date of Delivery or Service Cost Cost Complete Partial	(City) RTICLES OR SERVICES	(State)				Doilars
No. and Date of Order Date of Delivery or Service Cost AYMENT: Complete Partial	RTICLES OR SERVICES	or Federal supply	QUANTITY —			Doilars
No. and Date of Order Date of Delivery or Service Cost Cost Complete Partial	term number of contract	or Federal supply d necessary)	QUANTITY	Cost	Per	
AYMENT: Complete Partial					3	694.
AYMENT: Complete Partial						694•
Complete Partial						1
Complete Partial				- 1		ł
Complete Partial			1 1	İ		
Complete Partial					į	
Partial			1			
					1	
Final Use	continuation sheet(s) if nece		1 .1		Total	694.
hipped from to		Government B/L No.	yee must NOT	use this		094.
certify that the above bill is correct and just and that pay	ment has not been receive	1 1	nces		1	
(Sign original only)					1	
STATOTHR						
Date 6-27-58 *Payee	ike certificate is made by payes on atta	hed bill or bills)	ount verified; c	orrect for		694
Pe Title		1	nature or initia			
Contract No. A-/0/ Date	Reg. No.		Date	Į:	nvoice Rec'o	<u>l.</u>
Pursuant to authority vested in me, I certify that this accou	nt is correct and proper fo	r payment.				
			(Authorize			
† Approved for \$	SIGN					
Ву	ORIGINAL ONLY	Title				
		Date				
Title						
THE DEVENCE OF THIS PORM MIST BE EXECUTE	D WHEN PURCHASES ARE MADE	OK REKAICER PECOREN MIT	HOOL WELLSON	PER PRINTER 1	IN ANY FORM	
THE REVERSE OF THIS FORM MUST BE EXECUTE ACCOUNTING CLASSIFICAT						

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